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CONFIRMATION NO. 5886

<b>SERIAL NUMBER</b> 10/732,802	<b>FILING OR 371(c) DATE</b> 12/11/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 505827-0007
<b>APPLICANTS</b> Gonzalo Serafica, Langhorne, PA; Richard Mormino, San Antonio, TX; Gerry Ann Oster, Langhorne, PA; Kevin E. Lentz, Quakertown, PA; Kevin P. Koehler, Delran, NJ;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/132,171 04/26/2002 PAT 7,390,499				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/16/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 31
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 27910				
<b>TITLE</b> MICROBIAL CELLULOSE WOUND DRESSING FOR TREATING CHRONIC WOUNDS				
<b>FILING FEE RECEIVED</b> 1112	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	